## 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	PAGE 1 OF 1 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
American Crossroads	C C00487363
Check if 24-hour report 48-hour report New report Amends report filed	on Man / Dab / Yayayay
Full Name of Payee Political Ink, Inc	Date of Public Distribution/Dissemination
, and the second	10 28 2014
Mailing Address 1220 19th Street NW Suite 502	Amount
City State Zip Code	16106.08
Washington DC 20036	Transaction ID: 1 Date of Disbursement or Obligation
Purpose of Expenditure Postage / Printing / Production  Category/	M = M / D = D / Y = Y = Y
Туре	10 24 2014
Ohari Bustan	Sought: X House District: 17
Cheri Bustos Oppose	President Senate State: IL
Calendar Year-To-Date Per Election for Office Sought  Disbut 2014	ursement For: Primary X General  Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
	M = M / D = D / Y = Y = Y
Mailing Address	Amount
	Amount
City State Zip Code	
	Date of Disbursement or Obligation
Purpose of Expenditure  Category/ Type	M M / D D / Y Y Y Y
Name of Federal Candidate Support Office	e Sought: House District:
Oppose	President Senate State:
Galorida Tod To Balo	ursement For: Primary General
Per Election for Office Sought	Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	16106.08
(a) SUBTUTAL OF REFINIZED INDEPENDENT EXPENDITURES	10100.00
(b) SUBTOTAL of Unitemized Independent Expenditures	1 1 7 1 1 7 1 1 7 1
(c) TOTAL Independent Expenditures	16106.08
	10100.00
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
Caleb Crosby	M / D D / Y Y Y Y
CTT	0 28 2014
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